

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42166

State File No.

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH: Jasper
(a) County Joplin
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1126 Sergeant
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 years (Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME Lester C. Holley

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. 2, 1894 (Month) (Day) (Year)

8. AGE: Years 47 Months 2 Days 8 If less than one day hr. min.

9. Birthplace Pineville Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Miner - Lead & Zinc

11. Industry or business

12. Name Sidney B. Holley

13. Birthplace Illinois (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Laura I. Holley (City, town, or county) (State or foreign country)

16. (a) Informant 1126 Sergeant, Joplin, Mo.

(b) Address Burial 12-13-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cemetery

18. (a) Signature of funeral director Lanpher Mortuary

(b) Address Joplin, Missouri

19. (a) 12-13-41 (b) Ed S. Jones (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin (If outside city or town limits, write "RURAL")
(d) Street No. 1126 Sergeant (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. 10th
Year 1941 hour 4:30 minute P M.

21. I hereby certify that I attended the deceased from Dec. 10, 1941, to Dec. 10, 1941, that I last saw him alive on Dec. 10, and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis Duration 7 yrs

Due to (7)

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. A. Schmitt (M. D. or other) WLL

Address Joplin Mo Date signed 12-13-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

F. M. Jones

Licensed Embalmer No. *2319*

P. O. Address *Japhin mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.